

Bureau service order form

Client organisation:	Psychologist Name:
Telephone number:	Registration number:
Fax number:	Cell number:
email address where report is to be sent:	

Declaration by psychologist:

I hereby take full professional responsibility for the reports requested on this form, in terms of the appropriate legislation, HPCSA regulations and ethical code.

Signature _____

Details of reports requested:

Candidate name	Tests	Norm group	Report required
Special instructions:			

Candidate name	Tests	Norm group	Report required
Special instructions:			

Candidate name	Tests	Norm group	Report required
Special instructions:			

Same day service required? _____

Please note that no bureau service will be provided without the **signature** of the supervising psychologist.
Order forms are to be faxed to 011 646 7011.